

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	KNO K2	71477 78539	6/19/00 9/6/00

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	1	
2	✓	2	
3	✓	3	
4	✓	4	
5	✓	5	
6	✓	6	
7	✓	7	
8	✓	8	
9	✓	9	
10	✓	10	
11	✓	11	
12	✓	12	
13	✓	13	
14	✓	14	
15	✓	15	
16	✓	16	
17	✓	17	
18	✓	18	
19	✓	19	
20	✓	20	
21	✓	21	
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28	✓	28	
29	✓	29	
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31	✓	31	
32	✓	32	
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37	✓	37	
38	✓	38	
39	✓	39	
40	✓	40	
41	✓	41	
42	✓	42	
43	✓	43	
44	✓	44	
45	✓	45	
46	✓	46	
47	✓	47	
48	✓	48	
49	✓	49	
50	✓	50	

Claim	Final	Original	Date
51	✓	51	
52	✓	52	
53	✓	53	
54	✓	54	
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56	✓	56	
57	✓	57	
58	✓	58	
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100		100	

Claim	Final	Original	Date
110		110	
112		112	
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150		150	

If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy